

**REQUEST FOR A SPECIFIC LICENSE TO VISIT AN IMMEDIATE FAMILY MEMBER  
in Cuba who is a National of Cuba once in a three year period**

31 C.F.R. § 515.561(a)

Complete each line with the requested information. Do NOT leave blank or write "N/A."

Suggested Format 11/01/04

**APPLICANT INFORMATION**

1. Last Name (Patronymic) \_\_\_\_\_ Last Name (Matronymic) \_\_\_\_\_
2. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
3. Last Name by Marriage \_\_\_\_\_ Date of Birth \_\_\_\_\_ (MM/DD/YYYY)
4. Street Address \_\_\_\_\_ Apt # \_\_\_\_\_
5. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_
6. U.S. Passport # \_\_\_\_\_ or \_\_\_\_\_ I Have no U.S. Passport.
7. U.S. Alien Registration # \_\_\_\_\_ or \_\_\_\_\_ I Have no U.S. Alien Registration #.
8. Non-US Passport # \_\_\_\_\_ Country of Issuance \_\_\_\_\_
9. Last Family Visit under the \_\_\_\_\_ (MM/DD/YYYY) or \_\_\_\_\_ Never used General License for former General License family visit
10. Last Family visit under \_\_\_\_\_ (MM/DD/YYYY) or \_\_\_\_\_ Never used Specific License for family visit Specific License visit
11. Date of Emigration from Cuba \_\_\_\_\_ (MM/DD/YYYY) or \_\_\_\_\_ Never emigrated from Cuba

**THE PERSON YOU WISH TO VISIT IN CUBA**

12. Last Name (Patronymic) \_\_\_\_\_ Last Name (Matronymic) \_\_\_\_\_
13. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
14. Relationship to Applicant \_\_\_\_\_ Cuban Identification (Cedula ) # \_\_\_\_\_
15. Address \_\_\_\_\_ City \_\_\_\_\_

**SERVICE PROVIDER INFORMATION**

16. Check here ONLY if the Traveler has not used a Service Provider \_\_\_\_\_ Or complete the following:  
Name of Service Provider \_\_\_\_\_  
Name of Service Provider Employee \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

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**WARNING:** Transactions relating to travel, trade, and financial dealings with Cuba are restricted under the Cuban Assets Control Regulations, 31 C.F.R. Part 515, the Reporting and Procedures Regulations, 31 C.F.R. Part 501, and the Trading With the Enemy Act, 50 USC App. Section 5(b). 18 USC 1001 provides for up to 5 years imprisonment and a US\$10,000 fine for falsification or misrepresentation of the facts requested in this form and any other information submitted to OFAC. You are reminded that it is illegal to make use of charge cards during your stay in Cuba. Please be advised that each authorized traveler may carry only \$300 of quarterly remittances to Cuba and may not return with any merchandise acquired in Cuba other than exempt informational materials.

**SIGN BELOW:** I have read the above statements, **completed all numbered lines**, and all the information provided above is true and accurate:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

This application should be mailed to the following address:

Office of Foreign Assets Control  
U.S. Department of the Treasury  
P.O. Box 229008  
Miami FL 33122-9008.